

Insurance Status and the Uninsured In the District

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D.C. Department of Health Health Care Coverage Advisory Panel Meeting May 24, 2004

How Big Is the Problem?

- Different numbers are circulating
- Urban legends
 - From ~30K to ~100K
- Survey-based estimates

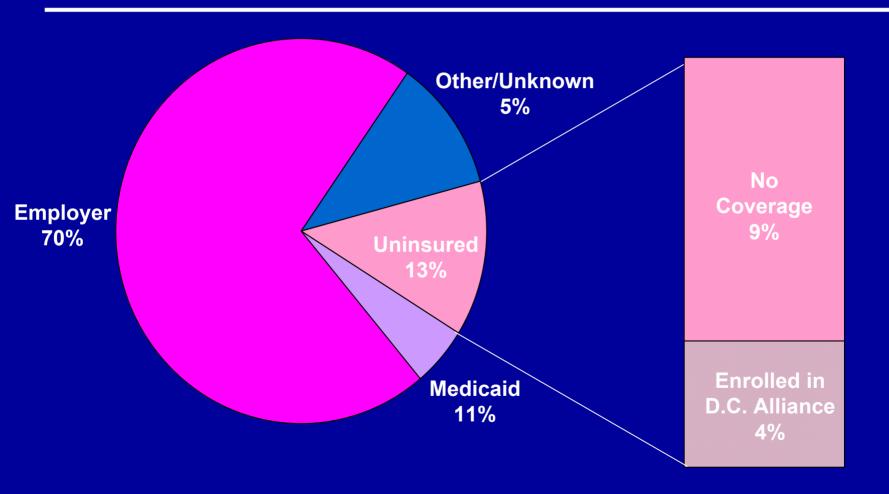
Number of Uninsured Adults in the District, by Survey

Survey	# Uninsured
Cur. Pop. Surv.	72,210
BRFSS	45,744
KFF DC Survey	13% (~50K)
DC Substance Abuse Survey	55,448

Estimates of uninsured vary due to differences in how & what measured

Survey	Year	Age of Population	# Uninsured
Current Pop.	2001-02	All	72,210
Survey		19-64	60,520
BRFSS	1999	18-64	45,744
KFF DC Survey	2003	18-64	13% (~50K)
DC Substance Abuse Survey	1999	18-64	55,448

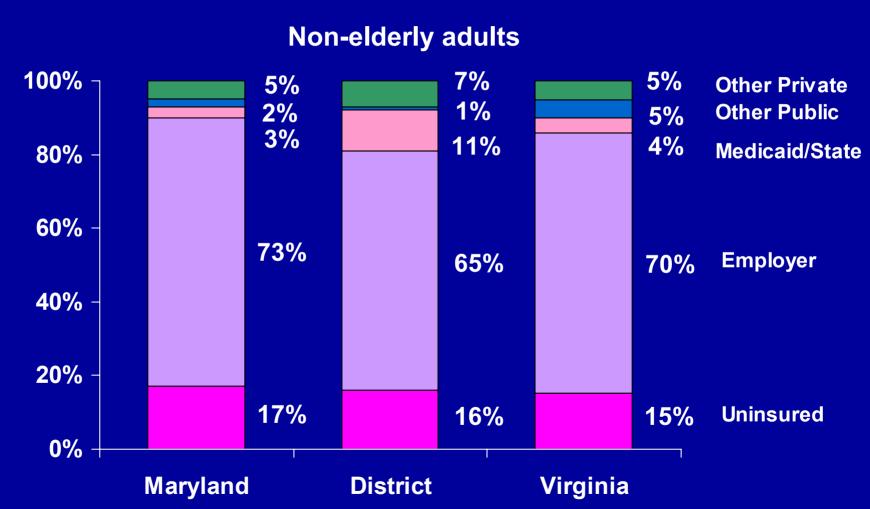
An estimated 13% of nonelderly adults in the District of Columbia were uninsured in 2003



Note: ^a Enrollees nationally would be considered uninsured since the Alliance provides a source of care rather than a defined set of benefits. Data may not total 100% due to rounding. "Other/Unknown" category includes other, unknown and Medicare.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey*, October 2003 (conducted January – April 2003)

The percent of uninsured adults was similar in DC, MD, and VA in 2001- 02

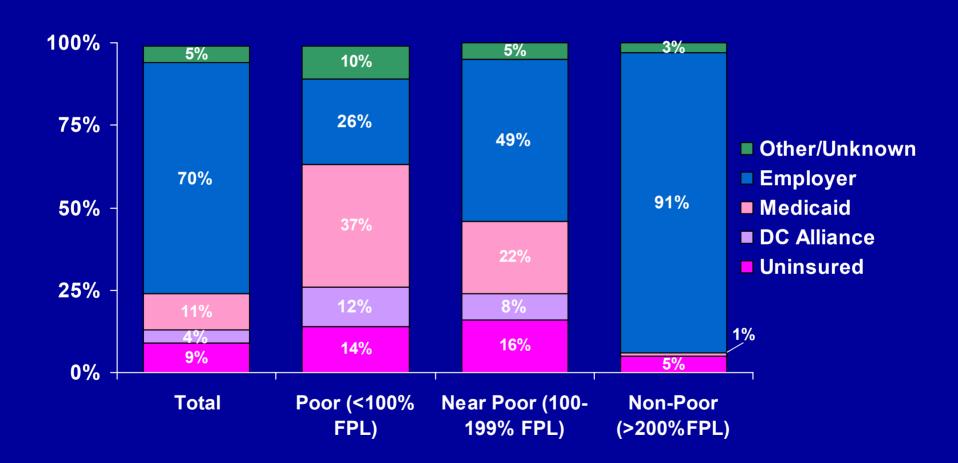


Source: Health Insurance Coverage in America: 2002 Data Update. Prepared for the Kaiser Commission on Medicaid and the Uninsured. December 2003.

Who Are the Uninsured?

- Patterns in the District are similar to rest of the nation
- The uninsured are more likely to be:
 - Poor or near-poor
 - African American or Latino
 - Male

One-quarter of poor or near-poor adults in DC are uninsured or enrolled in the Alliance



Note: The federal poverty level was \$15,260 for a family of three in 2003. Totals may not add to 100% due to rounding. Findings are for the 80% of residents reporting household income. "Other/Unknown" category includes other, unknown and Medicare.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey*, October 2003 (conducted January – April 2003)

Why are People Uninsured?

- High cost of coverage (vast majority of uninsured are low-income workers and coverage is unaffordable or not offered)
- Fragmentation of systems of coverage (e.g., Medicaid/Healthy Families, the Healthcare Alliance)
- Complicated life circumstances (e.g., homelessness, mental illness, family transitions between DC/MD/VA)
- Immigration Status (national data indicate most non-native uninsured are legal residents or have lived in US 6+ yrs)

Uninsurance still exists in DC, despite a large % of firms offering insurance

Rank	State	% Firms Offering Insurance, 2000
	U.S. Total	58.3%
1	Hawaii	81.8%
2	District	74.2%
12	Virginia	62.3%
14	Maryland	62.0%
51	Montana	42.9%

Source: MEPS 2000 Lillie-Blanton, slide 10

Consequences of Uninsurance

- Poor access to care
 - Less likely to have usual source of care
 - Less likely to have medical visits
- Inappropriate use of ER
- Poorer health outcomes
- Greater financial burden when obtaining care

Questions for SPG Project

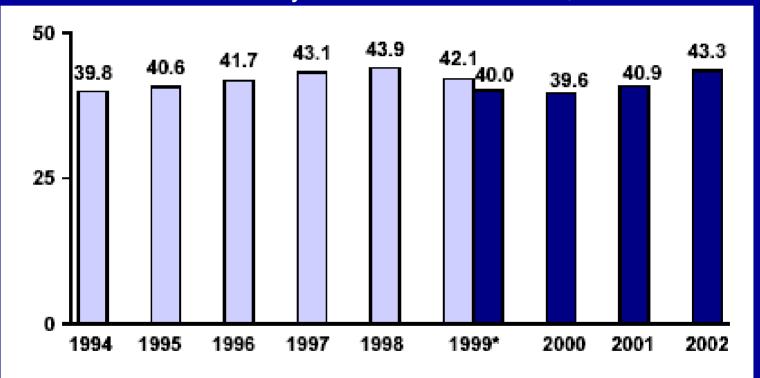
- Further detail on uninsured in the District
 - Who? Where? Why?
- Which DC employers do not offer coverage?
- How costly is coverage in DC?
- Which coverage options are the uninsured "closest" to?
- How might new coverage affect past coverage patterns?



Backup Slides

The Effect of Follow-Up Questions

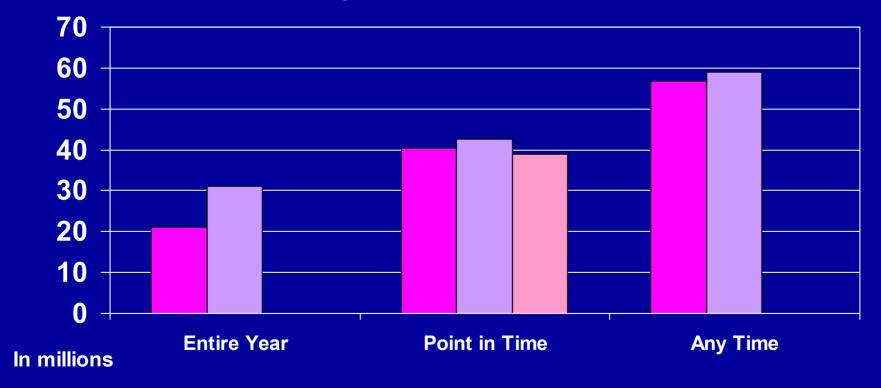
Millions of Nonelderly Uninsured Americans, 1994-2000 CPS



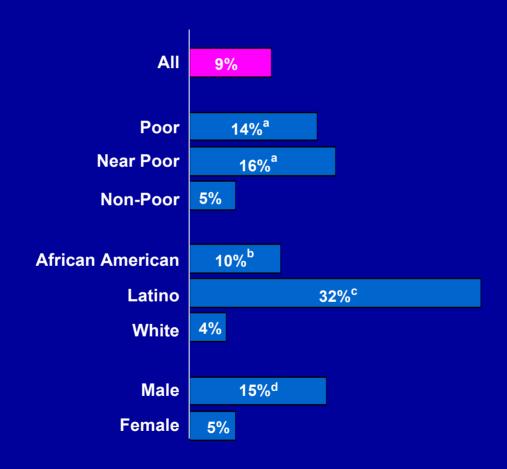
■ Previous Method ■ Revised Method

Number of Nonelderly Uninsured, 1998 Three National Surveys

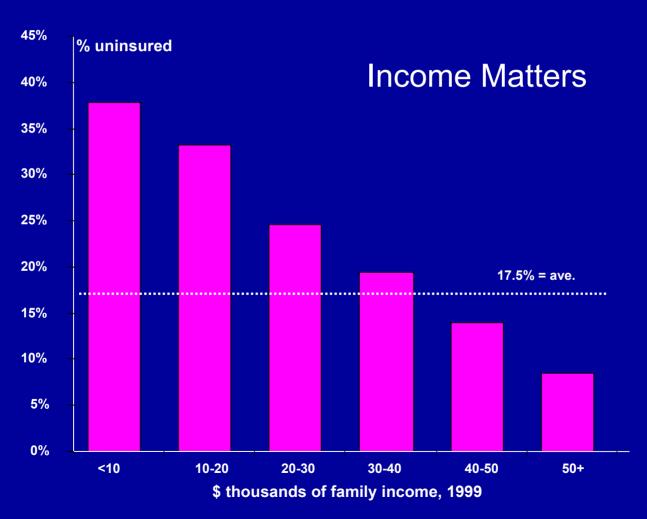
- Survey of Income and Program Participation
- Medical Expenditure Panel Survey
- National Health Interview Survey



Percent of Nonelderly Adult Uninsured D.C. Residents, by Income and Race



Why Are People Uninsured?



SOURCE: Hoffman and Pohl, 2000.